

[Date]

[Name of Utility]

Attn: [Utility Designated Contact]

[Street Address]

[City, State, Zip]

**Subject: Verification of Existing Facilities Des. No. [1234567]**

Dear [Utility Designated Contact]:

In accordance with 105 IAC 13-3-2(a), this letter serves as your notice to verify the location of your existing facilities for the proposed project Des. [No. 1234567 on SR 00 in County Name] County, Indiana.

We are providing the following project information to assist in your planning:

- |   |  |
|---|--|
| (1) Name or Route number:                               | [from SPMS schedule use "Route Number"]  |
| (2) Geographical limits:                                | [from SPMS schedule use "Location", "From RP", "To RP".]                                       |
| (3) General description of work:                        | [from SPMS schedule use "Work Type"]   |
| (4) Anticipated date approved work plan will be needed: | [from SPMS use "Utility Coordination" "Est/Act Finish" date]                                   |
| (5) Anticipated ready for contracts date:               | [from SPMS schedule use "Ready for Contracts" "Est/Act Finish" date]                           |
| (6) Name of designer and contact information:           | [from SPMS schedule use "Start Plan Development" "Person Responsible" and "Phone" information] |
| (7) Major or Minor project:                             | [Use same designation as in initial notice]  |

In accordance with 105 IAC 13-3-2(a) we are sending you a copy of the plan sheets that show all existing facilities known to the department that are within the right-of-way or geographical limits of the proposed improvement project.

In accordance with 105 IAC 13-3-2(b) each utility shall do the following within thirty (30) days of receiving the plan sheets:

- (1) Review the accuracy of the plan as to the location of its existing facilities.
- (2) Declare in writing to the department whether the information is accurate or inaccurate.
- (3) Detail in writing to the department any inaccuracies in the information.

Failure to reply within the allotted time shall be deemed verification that the information is accurate.

One way to correct inaccuracies would be to send back the enclosed plans with corrections marked clearly on them. Make sure to include a cover letter so we can determine the utility supplying the corrections.

Please send your response to: [Utility Coordinator Name, Utility Coordinator Agency, Street Address, City, State, Zip Code, Tel: 123-456-7890, Fax: 123-456-7890, [insert.email@address.here.com](mailto:insert.email@address.here.com).] Thank you for your attention to these matters.

Sincerely,

[Utility Coordinator Name]

[Utility Coordinator Title]

Attachment [Name and describe type of attachment]

Cc: File